

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/ID NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR 5/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
26-May	5:00 PM	LA	168.68			18.00		28.00				0.00	214.68
27-May	11:45 PM	LA > SMF		3.29			6.00	234.85				0.00	244.14
												0.00	0.00
												0.00	0.00
												0.00	0.00
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SUBTOTALS			168.68	3.29	0.00	18.00	6.00	262.85	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$458.82	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

NBC backlot tour.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY

EXPENSES

DATE

241104
6/23/10

TRAVEL EXPENSE CLAIM

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/D NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR 6/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
3-Jun	6:00 AM	SAC > LA		6.00				221.86		9.00	24	12.00	248.86
												0.00	0.00
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												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			0.00	6.00	0.00	0.00	0.00	221.86	0.00	9.00	24	12.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$248.86	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Operation Welcome Home

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241104

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CLAIMANT'S SIGNATURE

DATE

SIGNATURE

DATE

DATE

6/23/10

SIGNATURE OF TITLE OF AUTHORITY

DATE

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POSITION Deputy Chief of Staff		CB/ID NUMBER		DIVISION OR BUREAU Communications	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		California		95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
9-Jun	1:00PM	Washington DC	303.42									0.00		303.42
10-Jun		Los Angeles	184.64				6.00					0.00		0.00
11-Jun	1:00 PM	Los Angeles					6.00	240.50				0.00		246.50
												0.00		
												0.00		0.00
												0.00		0.00
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SUBTOTALS			488.06	0.00	0.00	0.00	12.00	240.50	0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$549.92	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) Washington Post Editorial Board, AB32 Roundtable, Screening of "Gerrymandering" <hr/> <hr/> <hr/> <hr/>		NORMAL WORK HOURS	
		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED 0.445	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 241104	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		DATE 6/23/10	
CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING	DATE
SIGNATURE OF TITLE OF APPROVING OFFICIAL		DATE	

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RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER	COST OF TRANS.		TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
15-Jun	7:00 PM	Los Angeles	283.86					88.00						371.86
16-Jun		New York	405.12	6.00			6.00					0.00		417.12
17-Jun		New York	405.12		4.36		6.00					0.00		415.48
18-Jun	10:45 PM	NY > SAC			10.00	6.86	6.00	488.20				0.00		511.06
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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SUBTOTALS			1,094.10	6.00	14.36	6.86	18.00	576.20	0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$1,715.52	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

After School All Stars, AB32 Meetings

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE
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CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING

AYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE